

USNA
EMERGENCY ACTION PLAN FOR:
SEA TRIALS AY17 Program

(Updated 13MAY17)

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**NOTE: ALL MEDICAL GEAR AND EMERGENCY DEVICES ARE LOCATED
IN DESIGNATED MEDICAL RESPONSE VEHICLE (MRV) DURING EVOLUTIONS.**

IMPORTANT PHONE NUMBERS

OOW desk
OOW cell
OOW email
Duty Healthcare Provider

Main Office
NSA CDO
Base dispatch
Emergency (USNA) 410-293-3333

LT (b) (6) (16MAY OOW /)

O:
C:

CAPT (b) (6) (SWO)

C:

CDR (b) (6) cell (OIC)

C:

Capt (b) (6) cell (AOIC)

C:

CAPT (b) (6)

C:

CAPT (b) (6) (PRODEV)

C:

Anne Arundel County Police

C: 410-222-1571

Boat Support (NDC Howard)

EMERGENCY MEDICAL SERVICES CONTACT INFO

*****EMERGENCY 911 or 410-293-3333 *****

Walter Reed National Military Medical Center Emergency Room

8901 Rockville Pike Bethesda, MD 20889

301-295-4810

Right time Urgent Care - hours: 0700-2400

2114 Generals Highway Annapolis, MD 214

410-224-6905

EMERGENCY MEDICAL SERVICES CONTACT INFO. (CONT)

Anne Arundel Medical Center Emergency Room

2001 Medical Parkway Annapolis, MD

443-481-1000

Baltimore Shock Trauma Hospital- severe life threatening emergencies

22 S. Greene Street Baltimore, MD 21201

410-328-9284 or 410-328-3697

Additional Important Medical Phone Numbers:

NHCL CDO

FIRE/EMS

POISON

MISHAP 5W

Date:

5W
WHO WAS INJURED:
WHAT WAS THE ACCIDENT:
WHERE WAS THE MISHAP:
WHY DID THE MISHAP OCCUR/ EVENTS LEADING TO THE MISHAP:
WHEN DID THE MISHAP HAPPEN:
WHAT IS THE PATIENT'S DISPOSITION(ADMITTED, FD, LLD, ETC):

Injury Record Template/Positive Control of Plebe Plan

1. CDOs and ACDOs must remain vigilant at all hours for the duration of Sea Trials. They MUST have their Cell Phones, Email and Injury Record Template open throughout the day.
 - a. Link to Injury Record Template: Document is Enclosure (1) B(6)
[REDACTED]
2. If an injury occurs during the day, the CDO/ACDO will be notified within ~15 minutes of the injury by MIDN (b) (6), (b) (6), or Duty Driver.
3. What to do if the plebe is sent to:
 - a. **MIDSTORE:** The duty driver will call the CDO first to come down and pick them up at the Midstore when they arrive. The duty driver will stay there until he/she visually confirms that **all Plebes** in the van are picked up before leaving to pick up more people.
 - b. **BMU:** The plebe will be checked into BMU by MIDNs (b) (6) and (b) (6) and will be seen by care providers there. At the end of the checkup, BMU will decide if the plebe will need more attention or picked up at BMU and escorted back to Company Spaces.
 - i. Plebe is okay and sent back to Company Spaces:
 1. MIDN (b) (6) or (b) (6) will call the CDO to come down to BMU to pick up the plebe, he will update the tracker and say the plebe is picked up when the CDO arrives.
 - ii. Plebe is sent to Anne Arundel/Bethesda:
 1. CDO will be notified via email/phone call and MIDN (b) (6) or (b) (6) will update tracker correspondingly and inform the Safety Officer to route up SITREP
 - c. **Anne Arundel/Bethesda:** Plebe is sent to Anne Arundel/Bethesda at some point. CDO will receive an email/phone call. CDO will check the tracker for the information and keep track of their plebe and **CDOs WILL UPDATE THE TRACKER FOR THEIR PLEBES.** Company Officer/SEL will be notified by CDO. Safety Officer will route up SITREP.
4. **EVERYONE WHO GOES TO BMU HAS TO GO BACK DOWN FOR A FOLLOW UP THE NEXT DAY AT 0630. If the plebe is sent anywhere else, disregard this.** This is for safety reasons, especially if they drop out of Sea Trials all of us need to make sure there is no long term/life threatening injuries. ***The plebe will go to the CDO after the follow up and will inform them and will update the google sheet's last column saying YES or NO.***

TRAINING TIME OUT PROCEDURES

I. Training Time Out (TTO) Procedures:

1. Ensure all students are briefed on TTO policy and procedures prior to each high or moderate-risk evolution or laboratory. For multi-day or all-day evolutions, TTO shall be briefed again prior to the start of training following major breaks, such as mealtimes. Evolution-specific TTO procedures should be added where needed. These procedures should be standardized to conform with established fleet distress indicators where appropriate (e.g., standard small arms range procedures, diving distress signals, etc.). Emphasis shall be placed on specific verbal and nonverbal signals to be used by students and instructors.
2. A TTO may be called in any training situation where a student or instructor expresses concern for personal safety or requests clarification of procedures or requirements. TTO is also an appropriate means for a student to obtain relief if he or she is experiencing pain, heat stress, or other serious physical discomfort.
3. Instructors are responsible for maintaining situational awareness and shall remain alert to signs of student panic, fear, extreme exhaustion, or lack of confidence that may impair safe completion of the training exercise. Instructors shall cease training immediately when they consider such action appropriate.
4. Following a TTO, the situation shall be examined and additional explanation and instruction shall be provided as needed to allow safe resumption of training. Once the lead instructor on scene is fully apprised of the problem, he/she shall direct all training to cease or training with unaffected students to continue, based on the situation.
5. If a student refuses to participate in training after being instructed or after an unsafe condition has been corrected, or uses TTO excessively to disrupt training, the 4/C shall be removed from the station and counseled.

Basic TTO Student Briefing:

1. A Training Time Out (TTO) may be called by any student or instructor in any training situation where they are concerned for their own or another's safety, or they request clarification of procedures or requirements. TTO is also an appropriate means for a student to obtain relief if he or she is experiencing pain, heat stress, or other serious physical discomfort. The purpose of the TTO is to correct the situation of concern, provide clarifying information, or remove the student or instructor from the possible hazardous environment. A TTO may be signaled by making the letter "T" with both your hands. If the TTO signal is not acknowledged, the signaler shall shout "Time Out" (or other action as required by the training activity). The instructor shall attempt to relieve and remove the

student from the possible hazardous environment. If an adequate number of instructors are available to allow training to continue safely, the lead instructor may elect to do so. However, if this is not practical, training will be stopped until the situation is corrected.

REFUSAL TO TRAIN PROCEDURES

- I. In the event a student refuses to participate in training, or stops performing (“freezes”) during an evolution and they did not initiate a TTO or DOR, then they are refusing to train (NOTE: This is not a ‘non-verbal DOR’, it is a refusal to train). The instructor conducting the evolution will initiate a Training Time Out and complete the following sequence of events: remove the student from the training evolution, counsel the student to determine the problem, explain to the student that they can be administratively dropped from training as a consequence of their decision, provide remediation, and give the student one more opportunity to complete the evolution. If the student continues to refuse to train, then they will be transported back to Company Spaces and must check in with their CDO on deck.

USNA/NSA AREA EMERGENCY MEDICAL PROCEDURES

*****ATTENTION*****

The Brigade Medical Unit is manned with a medical duty officer from 0600-1800 Monday through Friday, Saturday and Sunday 0700-0900. **For life or limb threatening emergencies, 911 should be called.** Once emergency care is in process, the USNA OOW and the AOIC should be notified. The OOW will contact the Duty Healthcare Provider.

I. NON LIFE-THREATENING INJURIES:

1. Assess situation. If student injuries are minor and easily identified, forward them to Corpsman/Provider for treatment and continue training as applicable. If student injuries require more attention, they will cease training and be directed to the nearest Corpsman.
2. Corpsman/Provider evaluates injury.
3. Administer appropriate first aid/treatment
4. The Midshipman is transported to BMU for further evaluation and/or treatment as necessary.

II. LIFE-THREATENING INJURIES:

1. Stop training and direct non-affected students to a safe muster area.
2. Corpsman/Provider evaluates injury.
3. Administer appropriate first aid/ABC's/spinal cord precautions.
4. Call **911**. Patients should be transported to the hospital in certified ambulances only.

**** Nearest Safety Sergeant** on scene will make phone contact with Brigade Medical, Duty Health Care Provider, the receiving ER, EMS or Life Flight as dictated by the situation. This allows the HM to provide care for the patient(s). The Safety Sergeant will also notify the Command Duty Officer (CDO). The OOW will notify the Commandant, Duty Health Care Provider, Safety Officer and PAO as required.

EMERGENCY ACTION PLAN: NEAR DROWNING

1. **EVOLUTION:** All Water Evolutions in the Pool and Bay
2. **SITUATION:** Aspiration, Suffocation
3. **SYMPTOMS: (STUDENT BRIEF)** **SYMPTOMS: (STAFF BRIEF)**
 - A. Panic or uncertainty in the water A. Look for students:
 - B. Nausea or vomiting prior to evolution (1) having rapid or panicky movements
 - C. Aspiration of water, uncontrolled coughing (2) who are coughing or choking
 - D. Unconsciousness (3) vomiting in the water
 - (4) who are unconscious or unresponsive
4. **TREATMENT**
 - A. **NON-LIFE THREATENING INJURIES:**
 - (1) Lifeguard, Corpsman, or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
 - (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.
 - B. **LIFE/LIMB THREATENING INJURIES:**
 - (1) Lifeguard, Corpsman, or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
 - (2) Call EMS (911), coordinate EMS rendezvous if needed
 - (3) Transportation: Meet civilian ambulance at easily identifiable location for patient transfer
5. **ADMINISTRATIVE PROCEDURES:**
 - A. High Risk Safety Observer stops training if necessary, muster students, students standby for de-brief and further instructions
 - B. Inform Chain of Command of life threatening incidents
 - C. Debrief staff on event
 - D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).

EMERGENCY ACTION PLAN: TRAUMATIC INJURY

1. **EVOLUTION:** Endurance Course, Running, All Physical Training, Pool Deck, Obstacle Course, Pupil Sticks, Ground Fighting

2. **SITUATION:** Traumatic Injury

3. **SYMPTOMS:**
(STUDENT BRIEF)

- A. Pain in trauma area
- B. Dislocation, discoloration in trauma area
- C. Bleeding, swelling
- D. Improper function
- E. Abnormal appearance

SYMPTOMS:
(STAFF BRIEF)

- A. Observe students “guarding” an injury
- B. A student lying in an unnatural position
- C. Bleeding, swelling, or odd appearance
- D. Unnatural use of limbs or injured area

4. **TREATMENT**

A. **NON-LIFE THREATENING INJURIES:**

- (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
- (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.

B. **LIFE/LIMB THREATENING INJURIES:**

- (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
- (2) Call EMS (911), coordinate EMS rendezvous if needed
- (3) Transportation: Meet civilian ambulance at easily identifiable location for patient transfer

5. **ADMINISTRATIVE PROCEDURES:**

- A. High Risk Training Observer stops training if necessary, muster students, students standby for de-brief and further instructions
- B. Mishap/near mishap report filled out by Safety Sergeant or High Risk Training Officer and submitted to OOW/Sea Trials Safety Officer
- C. Debrief staff on event
- D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).

EMERGENCY ACTION PLAN: HEAT INJURY

1. **EVOLUTION:** All Stations at Sea Trials
2. **SITUATION:** Heat Injury
3.

SYMPTOMS: (STUDENT BRIEF) <ol style="list-style-type: none">A. Pay attention to dizziness, listlessness, hot red skinB. Strange behavior, inattentiveness, and failure to perform properly at evolutionC. Loss of strength, inability to perform physically at normal levelD. Loss of consciousness	SYMPTOMS: (STAFF BRIEF) <ol style="list-style-type: none">A. Observe students failing to obey ordersB. Observe students performing at a substandard levelC. Students with red, dry, or clammy skinD. Unconscious student
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4. **TREATMENT**
 - A. **NON-LIFE THREATENING INJURIES:**
 - (1) Corpsman or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
 - (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.
 - B. **LIFE/LIMB THREATENING INJURIES:**
 - (1) Corpsman or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
 - (2) Call EMS (911), coordinate EMS rendezvous if needed
 - (3) Transportation: Meet EMS at easily identifiable location to transfer patient
5. **ADMINISTRATIVE PROCEDURES:**
 - A. Phase Commander stops training if necessary, muster students, students standby for de-brief and further instructions
 - B. Mishap/near mishap report filled out by Safety Sergeant or High Risk Training Officer and submitted to Safety Officer
 - C. Debrief staff on event
 - D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).

EMERGENCY ACTION PLAN: HYPOTHERMIA

1. **EVOLUTION:** Pool swims, Exposure to Cold at Pool Deck or on USNA grounds

2. **SITUATION:** Hypothermia

3. **SYMPTOMS:
(STUDENT BRIEF)**

- A. Observe erratic, abnormal behavior from swim buddy
- B. Slurred speech, blue lips, loss of coordination
- C. Uncontrollable shaking followed by loss of shivering
- D. Unconsciousness

**SYMPTOMS:
(STAFF BRIEF)**

- A. Observe students with loss of coordination and a slowing of swim pace
- B. Students with blue lips and uncontrollable shaking
- C. Unconscious/semi-conscious students

4. **TREATMENT**

A. **NON-LIFE THREATENING INJURIES:**

- (1) Corpsman or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
- (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.

B. **LIFE/LIMB THREATENING INJURIES:**

- (1) Corpsman or Provider evaluates and assesses patient (ABC's, vital signs), administers treatment and performs needed interventions
- (2) Call EMS (911), coordinate EMS rendezvous if needed
- (3) Transportation: Meet EMS at easily identifiable location to transfer patient

5. **ADMINISTRATIVE PROCEDURES:**

- A. Evolution Commander stops training if necessary, musters students, students standby for de-brief and further instructions
- B. Mishap/near mishap report filled out by Safety Sergeant or High Risk Training Officer and submitted to Safety Officer
- C. Debrief staff on event
- D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).

EMERGENCY ACTION PLAN: HYPOXIA

1. **EVOLUTION:** Pool, Bay, and all breath holding evolutions
2. **SITUATION:** Shallow Water Blackout/Hypoxia
3.

SYMPTOMS: (STUDENT BRIEF)	SYMPTOMS: (STAFF BRIEF)
A. Need for oxygen and “gulping sound”	A. Observe students with slow movements
B. Involuntary spasms and seeing black spots or stars	B. Observe students with spasms or gulping sounds
C. Dizziness, confusion, and unconsciousness	C. Unconscious or unresponsive students
4. **TREATMENT**
 - A. **NON-LIFE THREATENING INJURIES:**
 - (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
 - (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.
 - B. **LIFE/LIMB THREATENING INJURIES:**
 - (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
 - (2) Call EMS (911), coordinate EMS rendezvous if needed
 - (3) Transportation: Meet EMS at easily identifiable location to transfer patient
5. **ADMINISTRATIVE PROCEDURES:**
 - A. Phase Commander stops training if necessary, muster students, students standby for de-brief and further instructions
 - B. Mishap/near mishap report filled out by division OIC and submitted to Safety Officer
 - C. Debrief staff on event
 - D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).

EMERGENCY ACTION PLAN: MAN OVERBOARD

1. **EVOLUTION:** Zodiac Races

2. **SITUATION:** Man Overboard

3. **SAFETY:**
 (STUDENT BRIEF)

SAFETY:
(STAFF BRIEF)

- A. Man Overboard Procedures during boat races.
- B. DO NOT enter the water for any reason. All students will wear life jackets at all times.
- C. If a student goes overboard, boat crew will yell “MAN OVERBOARD”
- D. Crew will attempt to pull the student into the boat without endangering other members of the crew.
- E. All racing will stop and boat crews will maintain position along sea wall until the student has been pulled to safety and Staff restarts the evolution.

- A. If “MAN OVERBOARD” is heard, it is repeated by all
- B. If student is calm, Safety observer will instruct them to get back in the boat
- C. If student is panicking, Safety observer will deploy the life ring while retaining possession of attached rope. Safety observer will instruct student to grab hold of the life ring and wait for the lifeguard to recover them via the safety boat.
- D. Dive tender in safety boat will aid in the recovery of the lifeguard and student back onto the safety boat.
- E. If victim is unconscious, the individual will be transferred over the sea wall and assessed by corpsmen.

4. **TREATMENT**

A. NON-LIFE THREATENING INJURIES:

- (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
- (2) Transport to BMU during working hours / Anne Arundel Medical or Right Time, after working hours.

B. LIFE/LIMB THREATENING INJURIES:

- (1) Corpsman or Provider evaluates and assesses patient (ABC’s, vital signs), administers treatment and performs needed interventions
- (2) Call EMS (911), coordinate EMS rendezvous if needed
- (3) Transportation: Meet EMS at easily identifiable location to transfer patient

5. **ADMINISTRATIVE PROCEDURES:**

- A. Safety Corporal and/or Phase Commander will stop and start the training evolution in the unlikely event of a man overboard situation, All students will be mustered and will navigate their boat to the seawall and await further instructions.
- B. Inform Chain of Command of life threatening incidents
- C. Debrief staff on event
- D. A request for transport by helicopter will be via recommendation of onsite medical provider and EMS. Air pickup is from Sherman Field (Ref pg. 16).



EMERGENCY DIRECTIONS

Anne Arundel Medical Center ER (AAMC)

443-481-1000

**Address: 2001 Medical Parkway
Annapolis, MD**

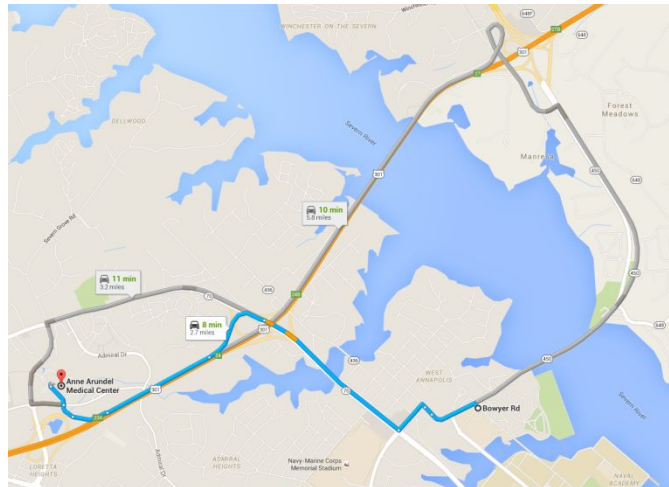
(Primary: Approximately 8 min / 2.7 mi)
3.2 mi)

(Secondary: Approximately 11 min /

1. Turn Left on Baltimore Blvd (MD 450) (0.3 mi)
Blvd(MD 450) (2.0 mi)
2. Turn Left on Taylor Ave (0.1mi)
(0.2 mi)
3. Turn Right on Row Blvd (1.0 mi)
(0.9mi)
4. Merge onto US-301 S/US-50 W (0.6 mi)
(0.2mi)
5. Take Exit 23A for Jennifer Rd (0.2 mi)
(0.1mi)
6. Follow Pavilion Pkwy to AAMC (0.1 mi)

1. Turn Right on Baltimore
2. Turn Left onto Boulders Way
3. Merge onto US-301 S/US-50 W
4. Take Exit 23A for Jennifer Rd
5. Follow Pavilion Pkwy to AAMC

****Follow signs to ER****



Sherman Field (HLZ)



Sherman Field
21.7320" W

38° 59' 25.2132" N / 76° 29'

MEDICAL 7-LINE

Date:

1. Patient's location:

2. Patient number (i.e. #1, #2, #3) when more than one patient: _____

3. Age and sex: _____

4. Describe injury and mechanism of injury:

5. Vital signs:

Temperature _____

Pulse _____

Respirations _____

Blood Pressure _____

6. Treatment initiated:

7. Estimated time of transport to treatment facility:
